U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Michael Testa	Name Heavy 7 General Const. Lab. Local 472			
	Labor Organization File Number 007-246			
	-			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7 Ernest Way	Street 700 Raymond Boulevard			
City Tackson	City Newark			
			Control of the Contro	
State New Jersey ZIP Code + 4 08527-9998	State New Jers	ey	ZIP Code + 4 07105-2999	
5. Position in labor organization. Executive Board Member/Busine	ss Rep			
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclus			f the following interests	
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other	er economic benefit of	sent.	
Name and address of Employer (including trade name, if any).		Transaction, or Income.		
Name				

Trade Name, if any:	no en commence de la			
P.O. Box, Bidg., Room No., if any				
	7.b. Amount.			
Street				
City			eta, cinyelekulani Vice Terdini alamahan kan tamban.	
		L		
State ZIP Code + 4				
Signa	ature			
15. Signature and verification. The undersigned declares, under penalty of is submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	ng documents), has bee	n examined by the signa		
M'a a -	7/7/2000	enceroment enceroment and an arrangement of the contract of th		
Signed Michael Teslas	On 7/7/2005 Date	(973) 589-5	5050 Telephone Number	
F 11100 0000				

Name of Person Filing Michael Testa	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Zazzali, Fagella, Nowak, Kleinbaum & Friedman Trade Name, if any: P.O. Box, Bldg., Room No., if any Street one Riverfront Plaza City Newark State New Jersey ZIP Code + 4 07102-5401	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ntion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any:	Law Firm that repr monthly retainer o	esents Laborers L	ocal 472 on a		
P.O. Box, Bldg., Room No., if any	occeptation and the second sec	monthly	retainer		
Street					
City	11.b. Approximate dollar val		\$6,000		
State ZIP Code + 4	12.a. Nature of interest hel Received a traditi Basket which I ass than \$25.00	onal Holiday seas			
	12.b. Amount.	3	unknown		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		•		
(including trade name, if any).	And the second				
Name			wulniobhdesen		
Trade Name, if any:	a second		es distantaviones		
TIAGO HALIIO, II GIIY.			rdatenouverea		
P.O. Box, Bidg., Room No., if any			- Included Advance		
Street			vá prevavi — ""chra		
City			debolineswaya		
			destro manimados		
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	Tomas de la companya			